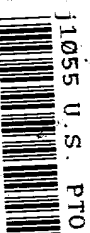


12/21/01



1055 U.S. PTO

01-07-02

EL 759669797 US

A

# UTILITY PATENT APPLICATION TRANSMITTAL

PTO/SB/05 (03-01)

12/21/01

|   |  |              |   |
|---|--|--------------|---|
| Attorney Docket No.:                              | CS11387  | Total Pages: | 2 |
| First-Named Inventor<br>or Application Identifier | Robert R. Reed   |              |   |
| Title:  | ROTATABLE FUNCTION SELECTORS IN COMMUNICATION<br>HANDSETS AND METHODS THEREFOR |              |   |
| Express Mail Label No.:                           | EL 759669797 US  |              |   |

(Only for new nonprovisional applications under 37 CFR 1.53(b))

J1011 U.S. PTO  
10/036839

12/21/01

|   |                    |  |
|---|--------------------|--|
| <b>APPLICATION ELEMENTS</b><br>(see MPEP chapter 600 concerning<br>utility patent application contents) | <b>ADDRESS TO:</b> | Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, D.C. 20231 |
|---|--------------------|--|

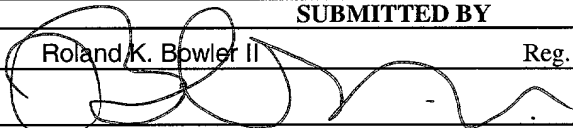
|    |  |  |
|----|--|--|
| 1. | <input checked="" type="checkbox"/> Fee Transmittal Form <i>in duplicate</i>   |  |
| 2. | <input checked="" type="checkbox"/> Specification  | Total Pages: <input type="text" value="16"/> |
| 3. | <input checked="" type="checkbox"/> Drawings   | Total Sheets: <input type="text" value="5"/> |
| 4. | <input checked="" type="checkbox"/> Oath or Declaration with Power of Attorney   | Total Pages: <input type="text" value="3"/>  |
|    | a. <input checked="" type="checkbox"/> Newly Executed (original or copy)   |  |
|    | b. <input type="checkbox"/> Copy from prior application (37 CFR §1.63(d))<br>(for continuation/divisional with Box 17 completed)   |  |
|    | i. <input type="checkbox"/> Deletion of Inventor(s):<br>Signed statement attached deleting inventor(s) named in the prior application<br>(see 37 CFR §1.63(d)(2) and 1.33(b))  |  |
| 5. | <input type="checkbox"/> Incorporation by Reference ( <i>useable if Box 4b is checked</i> )<br>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied<br>under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby<br>incorporated by reference therein. |  |
| 6. | <input type="checkbox"/> Application Data sheet. See 37 CFR 1.76   |  |
| 7. | <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission  |  |

## ACCOMPANYING APPLICATION PARTS

|     |  |  |
|-----|--|--|
| 8.  | <input checked="" type="checkbox"/> Assignment Papers ( <i>cover sheet and document(s)</i> )                   |  |
| 9.  | <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee)                                 | <input type="checkbox"/> Power of Attorney             |
| 10. | <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )                                 |  |
| 11. | <input checked="" type="checkbox"/> Information Disclosure Statement<br>(IDS)Form PTO/SB/08                    | <input type="text" value="4"/> Copies of IDS Citations |
| 12. | <input type="checkbox"/> Preliminary Amendment   |  |
| 13. | <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) ( <i>should be specially itemized</i> ) |  |
| 14. | <input type="checkbox"/> Certified Copy of Priority Document(s)  |  |

|  |   |  |
|--|---|--|
| 15.  | <input type="checkbox"/>  | Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent |
| 16.  | <input type="checkbox"/>  | Other:   |
| 17.  | <b>IF A CONTINUING APPLICATION</b><br><i>check appropriate box and supply the requisite information below and, if applicable, in a preliminary amendment:</i> |  |
|  | <input type="checkbox"/> Continuation   | <input type="checkbox"/> Divisional  |
|  | <input type="checkbox"/> Continuation-in-Part (CIP)   | Prior Appl. No. _____  |
| Prior Appl. information:   Examiner:   Group/Art Unit: |   |  |

| CORRESPONDENCE ADDRESS              |   |           |              |                          |                              |
|-------------------------------------|---|-----------|--------------|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Customer Number or Bar Code Label                             | 20280     | or           | <input type="checkbox"/> | Correspondence address below |
| NAME                                | Roland K. Bowler II<br>Attorney for Applicant(s)              |           |              |                          |                              |
| Reg. No.                            | 33,477  |           |              |                          |                              |
| ADDRESS                             | Motorola, Inc.<br>Law Department<br>600 North U.S. Highway 45 |           |              |                          |                              |
| CITY                                | Libertyville  | STATE     | IL           | ZIP CODE                 | 60048                        |
| COUNTRY                             | U.S.A.  | TELEPHONE | 847-523-3978 | FAX                      | 847-523-2350                 |

| SUBMITTED BY |   |                         |         |
|--------------|---|-------------------------|---------|
| NAME         | Roland K. Bowler II   | Reg. No.                | 33,477  |
| SIGNATURE    |  |                         |         |
| DATE         | 12/21/01  | Deposit Account User ID | 13-4768 |

| PTO/SB/17 (11-00)                          |  | FEE<br>TRANSMITTAL   |  | Complete if Known           |  |
|--|--|----------------------|--|-----------------------------|--|
| Patent fees are subject to annual revision |  | Application Number   |  |                             |  |
|  |  | Filing Date          |  |                             |  |
|  |  | First Named Inventor |  | Robert R. Reed              |  |
|  |  | Examiner Name        |  |                             |  |
|  |  | Group Art Unit       |  |                             |  |
| TOTAL AMOUNT OF PAYMENT                    |  | (\$ 958.00)          |  | Attorney Docket No. CS11387 |  |

| METHOD OF PAYMENT  | FEE CALCULATION (continued) |                |                 |   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
|--|-----------------------------|----------------|-----------------|---|-----------------|-----------------|----------|----------|----------|----------|---|-----|-----|-----|-------------------------------------|--|-----|-----|-----|-------------------------------------|---|-----|-----|-----|---------------------------|---|------|-----|------|---|---|--------------------------------|-----|------|--|-----|--------------|--------------|----------------|---|-----|-----------|-----|-------|--|-----|----------|-----|--------------------|---|-----|-----|----------------|-----------------|--|-----------------|-----------------|-----|-----|---|-----|------------------------|-----|-----|--|-----|-----------------------------------|-----|-----|------------------|-----|---------------------------------------|-----|-----|--|-----|--|-----|-----|--------------------------|-----|--|--------------------------------|------|---|-----|-----|-----|----|----------------------------------|-----|------|-----|-----|------------------------------------|-----|------|-----|-----|--------------------------------|-----|-----|-----|-----|------------------|-----|-----|-----|-----|-----------------|-----|-----|-----|-----|-------------------------------|-----|----|-----|----|-------------------------------------|-----|-----|-----|-----|-------------------|-----|----|-----|----|--|-----|-----|-----|-----|---|-----|-----|-----|-----|--|-----|-----|-----|-----|---|-----|-----|-----|-----|---|---------------------------|--|--|--|--|
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to.</p> <p>Deposit Account Number <span style="border: 1px solid black; padding: 2px;">13-4768</span></p> <p>Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Motorola, Inc.</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> </div> <div style="width: 50%;"> <p>3. ADDITIONAL FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late Provisional filing</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td></tr> <tr><td>147</td><td>2520</td><td>147</td><td>2520</td><td>For filing a request for ex parte Reexamination</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>113</td><td>1840*</td><td>113</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td></tr> <tr><td>118</td><td>1390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td></tr> <tr><td>128</td><td>1890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td></tr> <tr><td>138</td><td>1510</td><td>138</td><td>1510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td></tr> <tr><td>141</td><td>1240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td></tr> <tr><td>142</td><td>1240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of IDS</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td></tr> <tr><td colspan="5">Other fee (specify) _____</td></tr> </tbody> </table> </div> </div> |                             | Large Entity   |                 | Small Entity  |                 | Fee Description | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105   | 130 | 205 | 65  | Surcharge - late filing fee or oath | 127  | 50  | 227 | 25  | Surcharge - late Provisional filing | 139   | 130 | 139 | 130 | Non-English specification | 147   | 2520 | 147 | 2520 | For filing a request for ex parte Reexamination | 112   | 920*                           | 112 | 920* | Requesting publication of SIR prior to Examiner action | 113 | 1840*        | 113          | 1840*          | Requesting publication of SIR after Examiner action | 115 | 110       | 215 | 55    | Extension for reply within first month | 116 | 390      | 216 | 195                | Extension for reply within second month | 117 | 890 | 217            | 445             | Extension for reply within third month | 118             | 1390            | 218 | 695 | Extension for reply within fourth month | 128 | 1890                   | 228 | 945 | Extension for reply within fifth month | 119 | 310                               | 219 | 155 | Notice of Appeal | 120 | 310                                   | 220 | 155 | Filing a brief in support of an appeal | 121 | 270  | 221 | 135 | Request for oral hearing | 138 | 1510   | 138                            | 1510 | Petition to institute a public use proceeding | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | 141 | 1240 | 241 | 620 | Petition to revive - unintentional | 142 | 1240 | 242 | 620 | Utility issue fee (or reissue) | 143 | 440 | 243 | 220 | Design issue fee | 144 | 600 | 244 | 300 | Plant issue fee | 122 | 130 | 122 | 130 | Petitions to the Commissioner | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) | 126 | 180 | 126 | 180 | Submission of IDS | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | 169 | 900 | 169 | 900 | Request for expedited examination of a design application | Other fee (specify) _____ |  |  |  |  |
| Large Entity   |                             | Small Entity   |                 | Fee Description   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Fee Code   | Fee (\$)                    | Fee Code       | Fee (\$)        |   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 105  | 130                         | 205            | 65              | Surcharge - late filing fee or oath   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 127  | 50                          | 227            | 25              | Surcharge - late Provisional filing   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 139  | 130                         | 139            | 130             | Non-English specification   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 147  | 2520                        | 147            | 2520            | For filing a request for ex parte Reexamination                                       |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 112  | 920*                        | 112            | 920*            | Requesting publication of SIR prior to Examiner action                                |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 113  | 1840*                       | 113            | 1840*           | Requesting publication of SIR after Examiner action                                   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 115  | 110                         | 215            | 55              | Extension for reply within first month  |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 116  | 390                         | 216            | 195             | Extension for reply within second month   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 117  | 890                         | 217            | 445             | Extension for reply within third month  |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 118  | 1390                        | 218            | 695             | Extension for reply within fourth month   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 128  | 1890                        | 228            | 945             | Extension for reply within fifth month  |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 119  | 310                         | 219            | 155             | Notice of Appeal  |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 120  | 310                         | 220            | 155             | Filing a brief in support of an appeal  |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 121  | 270                         | 221            | 135             | Request for oral hearing  |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 138  | 1510                        | 138            | 1510            | Petition to institute a public use proceeding   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 140  | 110                         | 240            | 55              | Petition to revive - unavoidable  |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 141  | 1240                        | 241            | 620             | Petition to revive - unintentional  |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 142  | 1240                        | 242            | 620             | Utility issue fee (or reissue)  |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 143  | 440                         | 243            | 220             | Design issue fee  |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 144  | 600                         | 244            | 300             | Plant issue fee   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 122  | 130                         | 122            | 130             | Petitions to the Commissioner   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 123  | 50                          | 123            | 50              | Processing fee under 37 CFR 1.17(q)   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 126  | 180                         | 126            | 180             | Submission of IDS   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 581  | 40                          | 581            | 40              | Recording each patent assignment per property (times number of properties)            |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 146  | 710                         | 246            | 355             | Filing a submission after final rejection (37 CFR § 1.129(a))                         |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 149  | 710                         | 249            | 355             | For each additional invention to be examined (37 CFR § 1.129(b))                      |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 179  | 710                         | 279            | 355             | Request for Continued Examination (RCE)   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 169  | 900                         | 169            | 900             | Request for expedited examination of a design application                             |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Other fee (specify) _____  |                             |                |                 |   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| <p><b>FEE CALCULATION</b></p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>365</td><td>Utility filing fee <span style="border: 1px solid black; padding: 2px;">740.00</span></td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee <span style="border: 1px solid black; padding: 2px;"></span></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee <span style="border: 1px solid black; padding: 2px;"></span></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee <span style="border: 1px solid black; padding: 2px;"></span></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee <span style="border: 1px solid black; padding: 2px;"></span></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1) (\$740.00)</b></td></tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>21</td><td>-20** = 1</td><td>18</td><td>18.00</td></tr> <tr><td>Independent</td><td>5</td><td>-3** = 2</td><td>80</td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td>270</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims Over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) (\$178.00)</b></td></tr> </tbody> </table> <p><small>**OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above</small></p>   |                             | Large Fee Code | Entity Fee (\$) | Small Fee Code  | Entity Fee (\$) | Fee Paid        | 101      | 740      | 201      | 365      | Utility filing fee <span style="border: 1px solid black; padding: 2px;">740.00</span> | 106 | 320 | 206 | 160                                 | Design filing fee <span style="border: 1px solid black; padding: 2px;"></span> | 107 | 490 | 207 | 245                                 | Plant filing fee <span style="border: 1px solid black; padding: 2px;"></span> | 108 | 710 | 208 | 355                       | Reissue filing fee <span style="border: 1px solid black; padding: 2px;"></span> | 114  | 150 | 214  | 75  | Provisional filing fee <span style="border: 1px solid black; padding: 2px;"></span> | <b>SUBTOTAL (1) (\$740.00)</b> |     |      |  |     | Total Claims | Extra Claims | Fee from Below | Fee Paid  | 21  | -20** = 1 | 18  | 18.00 | Independent                            | 5   | -3** = 2 | 80  | Multiple Dependent |   |     | 270 | Large Fee Code | Entity Fee (\$) | Small Fee Code                         | Entity Fee (\$) | Fee Description | 103 | 18  | 203                                     | 9   | Claims in excess of 20 | 102 | 80  | 202                                    | 40  | Independent claims in excess of 3 | 104 | 270 | 204              | 135 | Multiple dependent claim, if not paid | 109 | 80  | 209                                    | 40  | ** Reissue independent claims Over original patent | 110 | 18  | 210                      | 9   | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2) (\$178.00)</b> |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Large Fee Code   | Entity Fee (\$)             | Small Fee Code | Entity Fee (\$) | Fee Paid  |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 101  | 740                         | 201            | 365             | Utility filing fee <span style="border: 1px solid black; padding: 2px;">740.00</span> |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 106  | 320                         | 206            | 160             | Design filing fee <span style="border: 1px solid black; padding: 2px;"></span>        |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 107  | 490                         | 207            | 245             | Plant filing fee <span style="border: 1px solid black; padding: 2px;"></span>         |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 108  | 710                         | 208            | 355             | Reissue filing fee <span style="border: 1px solid black; padding: 2px;"></span>       |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 114  | 150                         | 214            | 75              | Provisional filing fee <span style="border: 1px solid black; padding: 2px;"></span>   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| <b>SUBTOTAL (1) (\$740.00)</b>   |                             |                |                 |   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Total Claims   | Extra Claims                | Fee from Below | Fee Paid        |   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 21   | -20** = 1                   | 18             | 18.00           |   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Independent  | 5                           | -3** = 2       | 80              |   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Multiple Dependent   |                             |                | 270             |   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| Large Fee Code   | Entity Fee (\$)             | Small Fee Code | Entity Fee (\$) | Fee Description   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 103  | 18                          | 203            | 9               | Claims in excess of 20  |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 102  | 80                          | 202            | 40              | Independent claims in excess of 3   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 104  | 270                         | 204            | 135             | Multiple dependent claim, if not paid   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 109  | 80                          | 209            | 40              | ** Reissue independent claims Over original patent                                    |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| 110  | 18                          | 210            | 9               | ** Reissue claims in excess of 20 and over original patent                            |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| <b>SUBTOTAL (2) (\$178.00)</b>   |                             |                |                 |   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| <p><b>SUBMITTED BY</b></p> <p>Name (Print/Type) <span style="border: 1px solid black; padding: 2px;">Roland K. Bowler II</span></p> <p>Signature <span style="border: 1px solid black; padding: 2px;"></span></p>  |                             |                |                 |   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |
| <p><b>Complete (if applicable)</b></p> <p>Registration No. <span style="border: 1px solid black; padding: 2px;">33,477</span> Telephone <span style="border: 1px solid black; padding: 2px;">847-523-3978</span></p> <p>Mail Date <span style="border: 1px solid black; padding: 2px;">12/21/01</span></p>   |                             |                |                 |   |                 |                 |          |          |          |          |   |     |     |     |                                     |  |     |     |     |                                     |   |     |     |     |                           |   |      |     |      |   |   |                                |     |      |  |     |              |              |                |   |     |           |     |       |  |     |          |     |                    |   |     |     |                |                 |  |                 |                 |     |     |   |     |                        |     |     |  |     |                                   |     |     |                  |     |                                       |     |     |  |     |  |     |     |                          |     |  |                                |      |   |     |     |     |    |                                  |     |      |     |     |                                    |     |      |     |     |                                |     |     |     |     |                  |     |     |     |     |                 |     |     |     |     |                               |     |    |     |    |                                     |     |     |     |     |                   |     |    |     |    |  |     |     |     |     |   |     |     |     |     |  |     |     |     |     |   |     |     |     |     |   |                           |  |  |  |  |